



Registration Guidelines

Use one form for multiple class registrations

Complete this form and be sure to note:

1. Your first, second, and third choices.
2. If you are paying by check or money order, please write a separate check or money order for each first choice.
3. Please use one form per household.
4. Let us know if you want to receive an email newsletter and updates.

PHONE: 703-787-7300
FAX: 703-318-8652

Herndon Parks and Recreation Registration Form

ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY IN INK.

HEAD OF HOUSEHOLD: LAST _____ FIRST _____

ADDRESS _____

CITY/STATE/ZIP _____ HOME PHONE _____

WORK PHONE _____ EMAIL _____

Participant Name	Birthdate	Gender (circle)	1st Choice Class Code	Class Title	Fee	2nd Choice Class Code	3rd Choice Class Code
Jane Doe (example)	7/ 1/ 99	M/F	0000.000	Level 4	\$68	0000.000	0000.000
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					

SPECIAL ACCOMMODATIONS: Call 703-787-7300 to speak with program supervisor.

☐ Check to receive email newsletters and updates.

MAKE ONE CHECK FOR EACH CLASS PAYABLE TO: TOWN OF HERNDON

All returned checks are subject to a \$35 fee



MAIL TO:

Herndon Parks and Recreation
P.O. Box 427, Herndon, VA 20172-0427

CHANGE OF ADDRESS/PHONE/EMAIL? ☐ YES ☐ NO

REFUNDS: A 20% service charge will be accessed (\$10 maximum) up to 3 days before start of program. Less than 3 days, refunds will be given only for medical reasons or relocation of at least 20 miles from Town of Herndon.

OFFICE USE – Processed by: _____

Payment Method C CK CC LC

AP# _____ Date Paid _____

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING:

☐ VISA ☐ Mastercard ☐ American Express ☐ Discover

CREDIT CARD # _____ EXP. DATE _____

PRINT NAME OF CARD HOLDER _____

SIGNATURE _____



RECREATION CONSENT: I realize that participation in recreational activities and transportation to and from these activities, if provided through this program, may involve risk. I consent to participate in these activities, and I assume this risk. I realize that I may consult my physician concerning my fitness to participate. I give the Town of Herndon's employees, officers, agents, and volunteers on behalf of the Town, authority to administer or to procure for me any medical attention they may deem necessary if I am injured while participating in these activities. I am signing and returning this form to the Town of Herndon in consideration of the Town providing the opportunity to participate in these activities. If I am a minor, my parent or guardian is signing this for me. Participants in activities sponsored or cosponsored by the Parks & Recreation Department consent to the department's use of any photograph, film or videotape of the activity in any marketing or promotional material.

PRINT NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN _____